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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Jeffrey A. Von Arx et al.

AN IMPLANTABLE MEDICAL DEVICE WITH TWO OR MORE TELEMETRY SYSTEMS

Docket No.:

279.391US1

Serial No.: 10/025,183

Filed:

December 19, 2001

Due Date: N/A

Examiner:

Unknown

Group Art Unit: 3762

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JUN 16 2003

Commissioner for Patents

P.O.Box 1450

Alexandria, VA 22313-1450

We are transmitting herewith the following attached items (as indicated with an "X"):

 \underline{X} . A return postcard.

X . A Supplemental Information Disclosure Statement (1 pg), Form 1449 (1 pg), and copies of 2 cited documents.

Please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A. P.O. Box 2938, Minneapolis, MN 55402 (612-373-6900)

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Jeffrey A. Von Arx et al.

Examiner:

Unknown

Serial No.:

10/025,183

Group Art Unit:

6387

Filed:

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Title:

AN IMPLANTABLE MEDICAL DEVICE WITH TWO OR MORE TELEMETRY

SYSTEMS

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O.Box 1450 Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 et. seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Supplemental Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 19-0743 in order to have this Supplemental Information Disclosure Statement considered.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

JEFFREY A. VON ARX ET AL.

By their Representatives,

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Date June 5, 2003

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